

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE	
Application Date April 3, 1980	Department of Medical Assistance 1010 West Peachtree Street, N.W. Atlanta, Georgia 30309	Application Number 80-271	
Application Number		Date Received APR 22 1980	Date Completed MAY - 1 1980
2. Person to Contact Nena Dake		Working Title Secretary	Telephone Number 894-4936
3. Action Requested			
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercede; <input type="checkbox"/> Void			
4. Dates of Series		5. Records Series Title (<i>followed by title used in office; if different</i>)	
Earliest 1977	Latest Present	Office of Special Services' Legal Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?			
The Department of Medical Assistance is responsible for processing payments to physicians, hospitals and medical care related vendors who have provided service to eligible recipients of the Georgia Medicaid Program. The Commissioner of the Department formulates policy and directs and supervises all Divisions of the Department in the development of the Agency's goals and objectives.			
The Office of Special Services' responsibilities include: Representing the Department at all hearings concerning providers and recipients of Medical Assistance benefits; maintaining all Departmental hearing records; reviewing all Departmental legal affairs not processed by the Attorney General; providing continuous liaison with the Department of Law; performing all necessary legal research for the Department; and maintaining third party liability case records.			
7. Record Series Description		This file contains the following documents (<i>include form numbers and titles, if any</i>): Attach samples of the file.	
Documents relating to:			
Records of all Departmental hearings of appeals concerning providers and recipients of Medical Assistance benefits; and third party liability case records.			
Included are, but not limited are: closed hearing records; Departmental legal actions, legislative actions; contract files; Attorney General opinions; legal research and correspondence for the Department.			
File is arranged: Numerically by case number.			
8. Monthly Reference Rate		How often are records referred to which are:	
One to six months old daily ; Seven to twelve months old 10 ; Thirteen to twenty-four months old 4 ; twenty-five months and older 1 Month ?			
9. Annual Rate of Accumulation of Records			
Letter-size drawers : Legal-size drawers 2 ; Shelves : Other (specify)			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|----------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | 7 _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Ga. Code Ann. §3-705. See copy attached.
(Six years)

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other See below then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify) When case is closed, remove from active file and place in in-active file; cut off in-active file at the end of each calendar year; then transfer to State Records Center; hold seven years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Sup M. Cury</i>	4-21-80	<i>Paul T. Murphy</i>	4/21/80
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	
		<i>[Signature]</i>	4-30-80
		<i>Carroll Hart</i>	4-28-80
		<i>W. W. Shree</i>	4/30/80